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PTO/SB/01. 02 & 04 COMBINED (08-03) AW (10-03)

POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION		Attorney Docket	Number:		1			
		First Named Inve	entor: Narcís	LAGARES COR	OMINAS			
			COMPLETE IF KNOWN					
PAICNIAP	PLICATION	Application Numb	per: To Be A	Assigned				
Declaration Submitted With Initial Filing Submitted Graph Graph Submitted Filing Filin	d after Initial Declaration rcharge (37 CFR 1.67)	_	Herewit	th				
(37 CFR 1.63) required)		Examiner Name:			フ			
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I hereby declare that: Each inventor's residence, mailing as	ddress, and citizenship are as	s stated below next to the	ir name.					
I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
STUFFING/DOSING MACHINE COMPRISING A TILTING HOPPER								
(Title of the Invention)								
the specification of which								
is attached hereto								
OR								
was filed on (MM/DD/YYYY) as United States Application or PCT International Application Number								
and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.								
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.								
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.								
	Country	Foreign Filing Date	Priority Not		py Attached?			
Prior Foreign Application Number(s)	Country	(MM/DD/YYYY)	Claimed	Yes	No No			
		l)						
	·							
☐ Additional foreign application number	rs are listed on a supplemental pr	iority data sheet attached he	reto.					

Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

I hereby appoint:							
Practitioners at Customer Number							
OR							
Practitioner(s) named below:							
Name			Registration Number				
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Direct all correspondence to: Practitioners Customer Number listed above; OR							
	Correspondence Address Below						
L		Below					
Name:							
Address:			· ·				
City:	State: Zip:						
Country:	Telephone: Fax:						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:			been filed for	n filed for this unsigned inventor.			
Given Name (first and middle (if any))		Family Name or Surname					
Narcís		LAGARES COROMINAS					
Inventor's Signature	lacaren		Date: 15-11-04				
Residence: City: GIRONA	State:	Country: Spain	ain Citizenship: Spanish				
Mailing Address: Sant Ponç de la Barca, s/n.							
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City: GIRONA	State:	Zip: 17007	Country: Spain ESX				
Additional inventors are listed on the next page.							